

VOLUNTEER APPLICATION



BOYS & GIRLS CLUB OF ROUND VALLEY

Last Name: _____ First Name: _____

Fingerprints: On File

Not Needed (Under 18)

Actual Start Date: _____

Assigned Position: _____

PLEASE PRINT

Date: ____/____/____

Male Female

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Employer: _____ Other Names you have used: _____

Date of Birth: ____/____/____ Email Address: _____

Please check the box that best describes your ethnicity (optional):

Hispanic Native American Caucasian Asian Other: _____

Referral Source:

Self Company School Court Other: _____

General Information:

If accepted as a volunteer, can you certify that you are not awaiting trial on nor have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the offenses listed below in this state or similar offenses in another state or jurisdiction?

- | | |
|--|--|
| a. Sexual abuse or exploitation of a minor or vulnerable adult | m. Arson |
| b. First or second degree murder | n. Burglary |
| c. Sexual exploitation of a minor, including commercial | o. Child Abuse |
| d. Molestation of a child | p. Child Prostitution |
| e. Commercial sexual exploitation of a vulnerable adult | q. Incest |
| f. Exploitation of minors involving drug offenses | r. Kidnapping |
| g. Taking a child for the purpose of prostitution | s. Sexual Assault or rape |
| h. Felony offenses involving distribution of marijuana or Dangerous and/or narcotic drug | t. Spousal Abuse |
| i. A crime against children, including child pornography | u. Manslaughter |
| j. Any drug related offense committed during the past 5 years | v. Robbery |
| k. Registered or required to register on state or national sex Offender registry | w. Sexual Conduct with a minor |
| l. A dangerous crime against children including assault | x. Aggravated assault, physical assault or battery |
| | y. Contributing to delinquency of minor |
| | z. Abuse/molestation of vulnerable adult |

Yes I can certify.

No, I cannot certify.

Signature

Date

Check those areas where you have experience and interest in volunteering:

- | | | |
|--|---|--|
| <input type="checkbox"/> Filing, Answering Phone | <input type="checkbox"/> Phoning | <input type="checkbox"/> Newsletter Production |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Data Input | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Guest Speaker | <input type="checkbox"/> Teaching | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Photography | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Music | <input type="checkbox"/> Art | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Gardening | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Swimming | <input type="checkbox"/> Math Tutor |
| <input type="checkbox"/> Homework Help | <input type="checkbox"/> Guest Reader | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Yard Maintenance | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Carpentry | <input type="checkbox"/> |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Check the days you are available and note the best times for you.

- | | |
|------------------------------------|-------|
| <input type="checkbox"/> Monday | _____ |
| <input type="checkbox"/> Tuesday | _____ |
| <input type="checkbox"/> Wednesday | _____ |
| <input type="checkbox"/> Thursday | _____ |
| <input type="checkbox"/> Friday | _____ |

References:

Please list the names and phone numbers of two personal, work, or school references not related to you. If applying to volunteer coach, list two individuals who can attest to your coaching ability.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BELOW, THEN SIGN.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application will be grounds for rejection of this application or for immediate dismissal, regardless of the time before discovery.

_____ In order to safeguard the well-being of the youth served by the Boys and Girls Club of Round Valley (organization), I authorize the organization to verify all information provided by me on this application. I hereby authorize any reference listed on this application and/or any educational entity or person on this application to disclose to the organization any and all letters, reports and other information related to my work or educational record, without giving me prior notice of such disclosure. In addition, I hereby release the organization, my former employers, all educational entities listed on this application and all other persons or organizations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that it is a requirement of the organization that all volunteers who work with or have contact with children must complete a background check.

_____ In consideration of being a volunteer for the organization, I do hereby assume the risk of injury and all medical expense incurred from any injury resulting from my volunteer participation. I understand, acknowledge, and agree I am not covered by Workers' Compensation insurance or benefits provided thereunder. I hereby release, discharge and hold harmless the organization, its agents, Board of Directors, representatives, and employees, from any and all claims whatsoever, known or unknown, for damages or injuries to myself. This waiver includes me, my family members, and descendants.

Volunteer Applicant Signature

Date

NOTE: Volunteers will NOT begin working until application and background check have been processed and cleared.